



March 15, 2013

Re: Project No. 490601-10-001 GOB  
Trail Glades Range – Entrance Culvert Replacement

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to bid by **Tuesday, March 19, 2013, at 2:00 P.M.** It is asked that all pages are returned completed in their entirety. Failure to complete will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project and requirements. **References for three (3) completed projects that may potentially meet this project's criteria is required to be submitted with this Verification of Availability to Bid Letter.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email at kellyd@miamidade.gov.** If you have any questions, please contact me at (305) 375-3136.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Duncombe".

Kelly Duncombe  
Department of Regulatory and Economic Resources (RER)  
Small Business Development (SBD) Division

**VERIFICATION OF AVAILABILITY TO BID**

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Kelly Duncombe**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

**CONTRACT TITLE:** Trail Glades Range – Entrance Culvert Replacement

**PROJECT NUMBER:** 490601-10-001 GOB

**Estimated Contract Amount:** \$945,502.13

**(Scope of work and minimum requirements for this project is attached.)**

\_\_\_\_\_  
NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Certification Expires: \_\_\_\_\_  
DATE

Telephone: \_\_\_\_\_ **\*\*\*Bonding Capacity:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

<b>Currently Awarded Projects (Name of Project and Owner)</b>	<b>Project Completion Date</b>	<b>Contract Amount</b>	<b>Anticipated Awards</b>

## VERIFICATION OF AVAILABILITY TO BID

### Trail Glades Range – Entrance Culvert Replacement

Project No. 490601-10-001 GOB

This questionnaire will assist the SBD to identify the qualified contractors that “comply” to perform the aforementioned scope of work. Please forward it completely filled out to this e-mail address: [kellyd@miamidade.gov](mailto:kellyd@miamidade.gov) or via fax (305) 375-3160 attention Ms. Kelly Duncombe.

**SCOPE OF WORK:** Construction of new box culvert as per SFWM requirements, replacing the existing round culverts including all associated improvements, and re-route existing water and sewer lines.

**REQUIREMENTS:** The General Contractor must be in business for at least five (5) years with a minimum of three (3) completed projects similar to the subject project. The experience must include:

1. Working in environmentally sensitive areas, canals, wetlands.
2. Installation of Steel Sheet Piles, specifically the driving of these sheet piles into a hard limestone subsurface.
3. Erection of Cofferdams consisting of sheet piles.
4. Dewatering Operations.
5. Experience in performing large cast in place box culvert structures which involved constant dewatering.
6. Installation of Rip Rap in an environmentally sensitive area.
7. The operation of maintaining seasonal flows in the canal by use of pumping equipment.

**Estimated Cost:** \$945,502.13

(While you are ***not*** submitting a bid at this time, be mindful your response strongly influences SBD’s determination as it relates to a potential **CSBE Measure**). So please be diligent in your review of this information and respond accordingly.

**Are you able to fulfill the requirements of this scope of work?**

YES \_\_\_ NO \_\_\_

**Have you been in business at least five (5) years with a minimum of three (3) completed projects similar to the subject project?**

YES \_\_\_ NO \_\_\_

\_\_\_ I am “NOT” interested in this solicitation.

Similar Projects Completed (Name of Project and Owner)	Project Completion Date	Contract Amount	Contact Name and Phone Number of Reference for Project

Name of Firm: \_\_\_\_\_ CSBE Exp. Date: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_